

Name
in
Full

Harriet Ann Browne

49
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

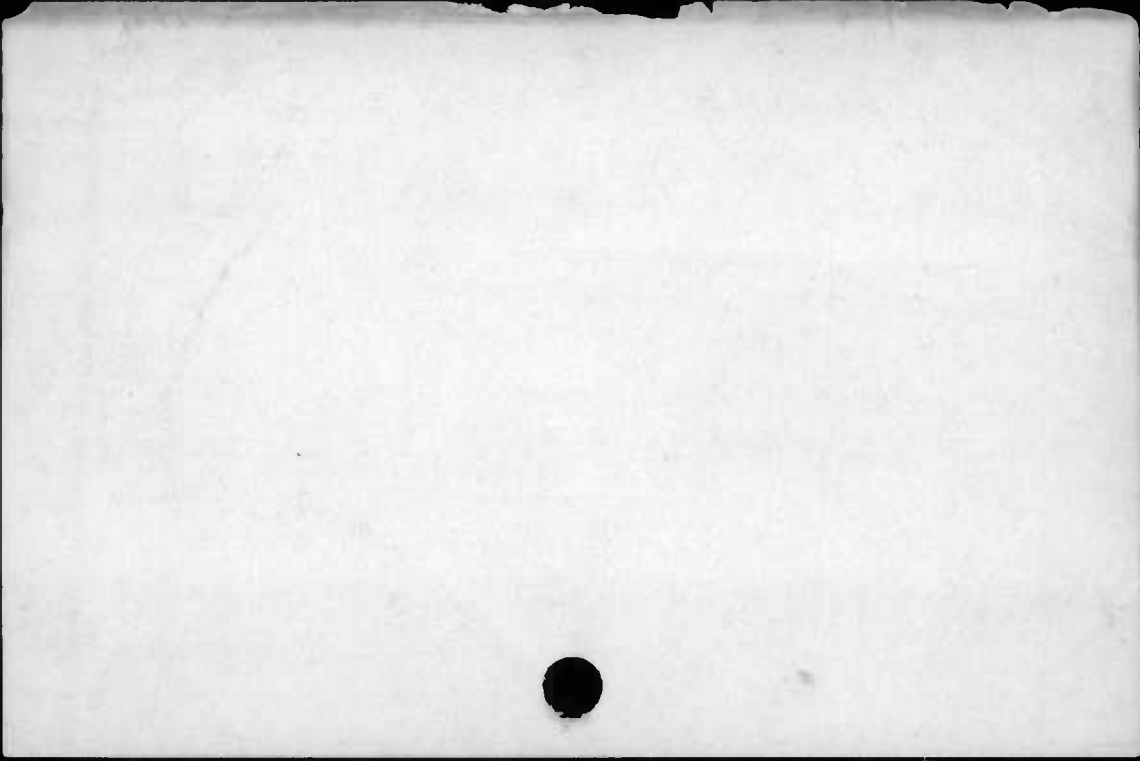
Died at <u>Halls mill</u> Town		<u>Catoh</u> County		MARYLAND	
Date of death <u>1904 March 28</u>		Age <u>65</u> Years		Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Catoh Co</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <u>maiden</u>		Name of Wife or Husband <u>none</u>			
Father's Name <u>unknown</u>		Father's Birthplace <u>no one knows</u>			
Mother's Maiden Name <u>Sophia Wallace</u>		Mother's Birthplace <u>" " "</u>			
Name of person giving information <u>Mollie Larass</u>		How related to deceased <u>none</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>old age</u>	How long	<u>old age</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		<u>L. Brooks & Brothers</u>	

154



Name
in
Full

Mary Anne Callow

CERTIFICATE OF DEATH

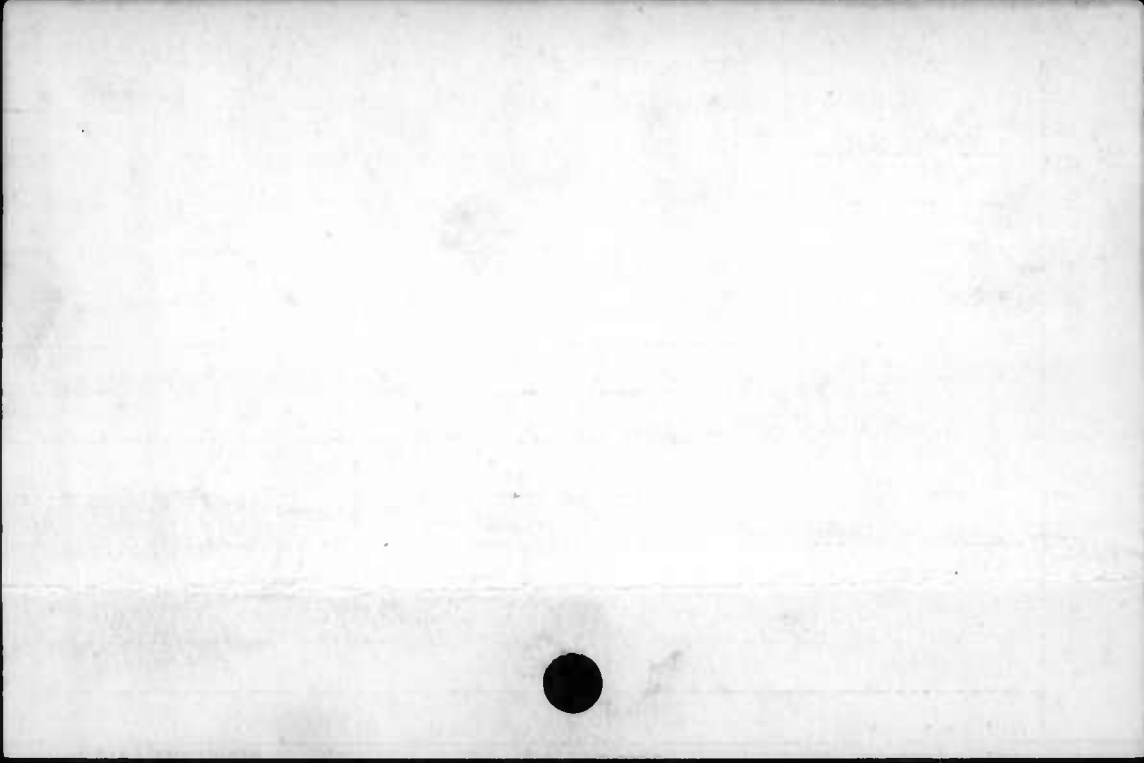
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Dunkirk</i>		County <i>Calvert</i>		MARYLAND	
Date of death 190	6	Month <i>March</i>	Day <i>14</i>	Age —	Years —	Months <i>3</i>	Days —
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth- place <i>Dunkirk Calvert Co</i>				
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>—</i>						Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>Lou Sanders</i>						Mother's Birthplace <i>Calvert Co Md</i>	
Name of person giving Information <i>Lou Sanders</i>						How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long <i>8 days</i>
Immediate <i>Exhaustion</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. M. Chaney</i>	Address <i>Chaney Md.</i>
<i>Yes</i>		
Accident or Suicide?		



Name
in
Full48
CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

190

Month

Mar

Day

16

Age

Years

1

Months

Days

18

Sex

Cottor

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Edward Carr

Father's
BirthplaceMother's
Maiden Name

Annie Mary Wallace

Mother's
BirthplaceName of person giving
In formation

her mother

How related
to deceased

CAUSES OF DEATH

Primary

Pneumonia

93

How long

Immediate

How long

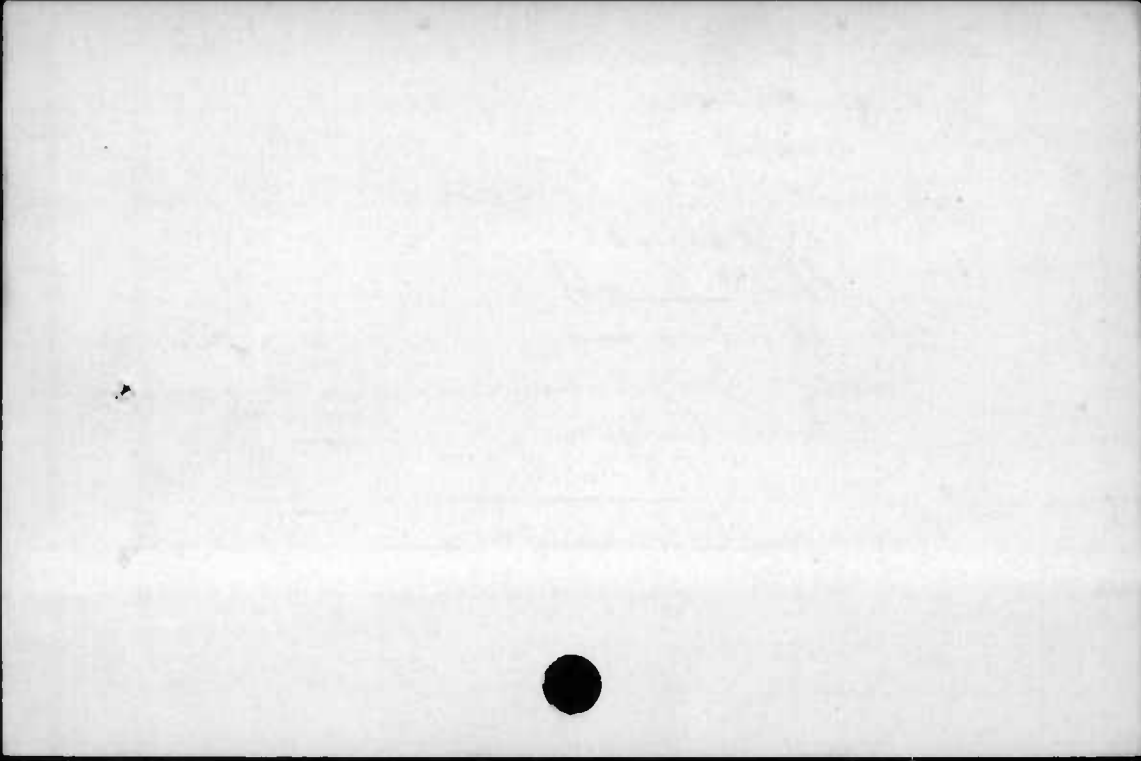
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. M. Bump

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mrs Lee Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Dundick</i>		County <i>Calvert</i>		MARYLAND	
Date of death 1906		Month <i>March</i>	Day <i>17</i>	Age <i>27</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>St. George's Co. Md.</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation <i>_____</i>					
Name of Wife or Husband <i>Thos. Gray</i>							
Father's Name <i>C. Williams</i>				Father's Birthplace <i>St. George's Co. Md.</i>			
Mother's Maiden Name <i>Mattie Coates</i>				Mother's Birthplace <i>" " " "</i>			
Name of person giving information <i>James Wilson</i>				How related to deceased <i>Bro. in Law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>8 mos.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos. M. Chaney</i>	
		Address <i>Chaney, Ind.</i>	
Accident or Suicide?			

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

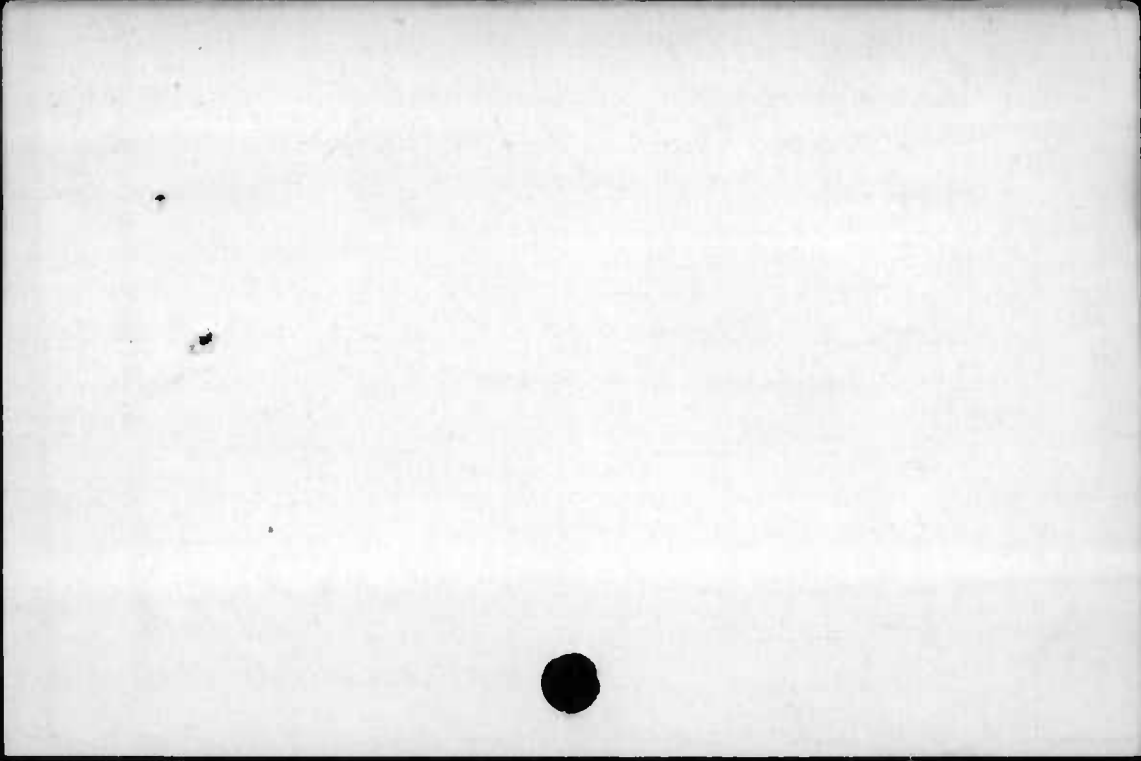
MARYLAND

Died at <i>Port Republic</i>		Town <i>Port Republic</i>		County <i>Calvert</i>		State <i>Md</i>	
Date of death <i>March 1906</i>		Month <i>March</i>	Day <i>3</i>	Age <i>46</i>	Years <i>46</i>	Months	Days
Sex		Color or Race <i>Color</i>		Birth-place			
Occupation <i>Housekeeping</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>John Morrell</i>				Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Rebecca Boone</i>				Mother's Birthplace <i>Calvert Co</i>			
Name of person giving information <i>Glennah Dawkins</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>John E Brook</i>	Address <i>S</i>
Accident or Suicide?	



Name in Full		Agnes Morgues				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Sunderland	County Calvert		MARYLAND	
	Date of death	1906	Month Mch	Day 21	Years 16	Months	Days
	Sex	Female		Color or Race	white		Birth- place
	Occupation			Where Residing if not at place of death		Cal. Geo.	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Wm. F. Morgues			Father's Birthplace	Cal. Geo.	
Mother's Maiden Name	Eusebia Hickman			Mother's Birthplace	Balt.		
Name of person giving information	Wm. H. Ireland			How related to deceased	None		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	1 year
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	J. W. Leitch	
					Address	Huntington Md.	
Accident or Suicide?							



Name
in
Full

Edell Mitchell

CERTIFICATE OF DEATH

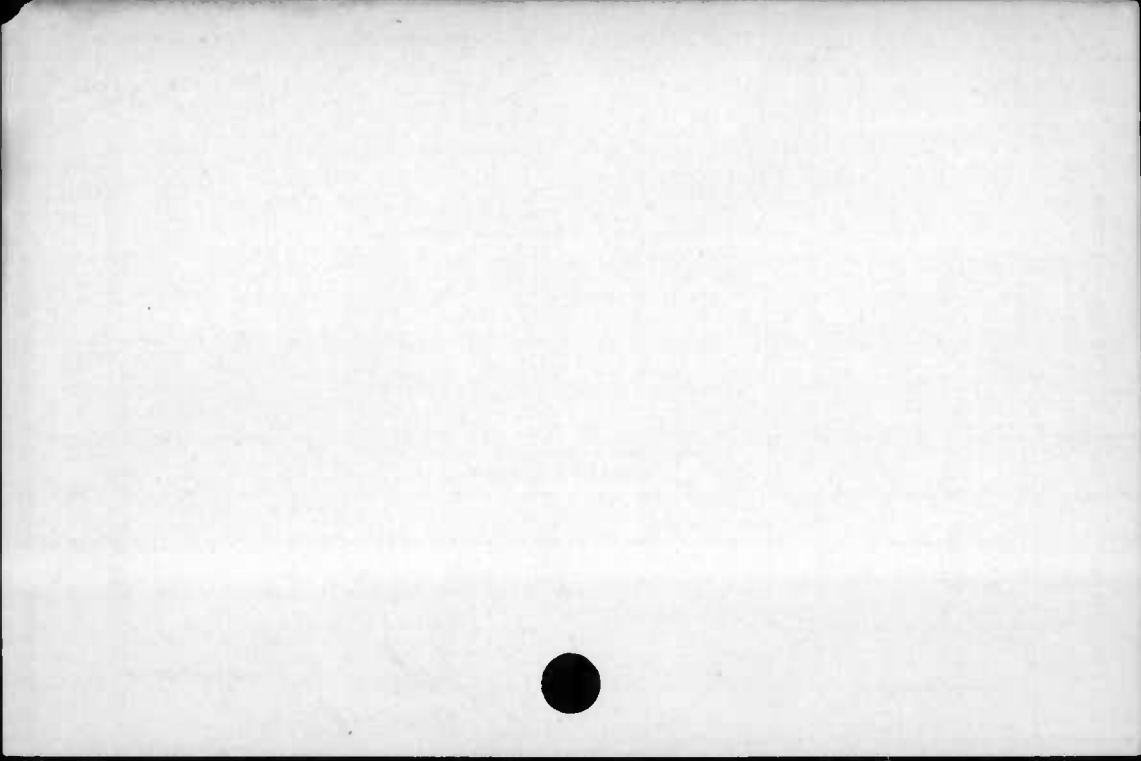
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Dunkirk		County Leahurst		MARYLAND	
Date of death	1906	Month Mch	Day 29	Age	Years	Months 3	Days
Sex	Female		Color or Race	Black		Birth-place	Leahurst
Occupation				Where Residing If not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Peter Mitchell		Father's Birthplace	
Mother's Maiden Name				Annie Groves		Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles	How long	(6)
Immediate	Pneumonia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Dr. J. M. Chaney	
		Address	
		Chaney	
		Md.	
Accident or Suicide?			



Name
in
Full446
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Island Creek</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death 1906	Month <i>March</i>	Day <i>1</i>	Age <i>1</i>	Years <i>1</i>	Months <i>6</i>
Sex <i>Girl</i>	Color or Race <i>Colored</i>		Birthplace <i>Calvert Co</i>		
Occupation			Where Residing If not at place of death <i>Calvert Co</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name <i>Kettie Hardman</i>				Mother's Birthplace <i>Calvert Co</i>	
Name of person giving information <i>Thos. Brooks</i>				How related to deceased <i>Uncle</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

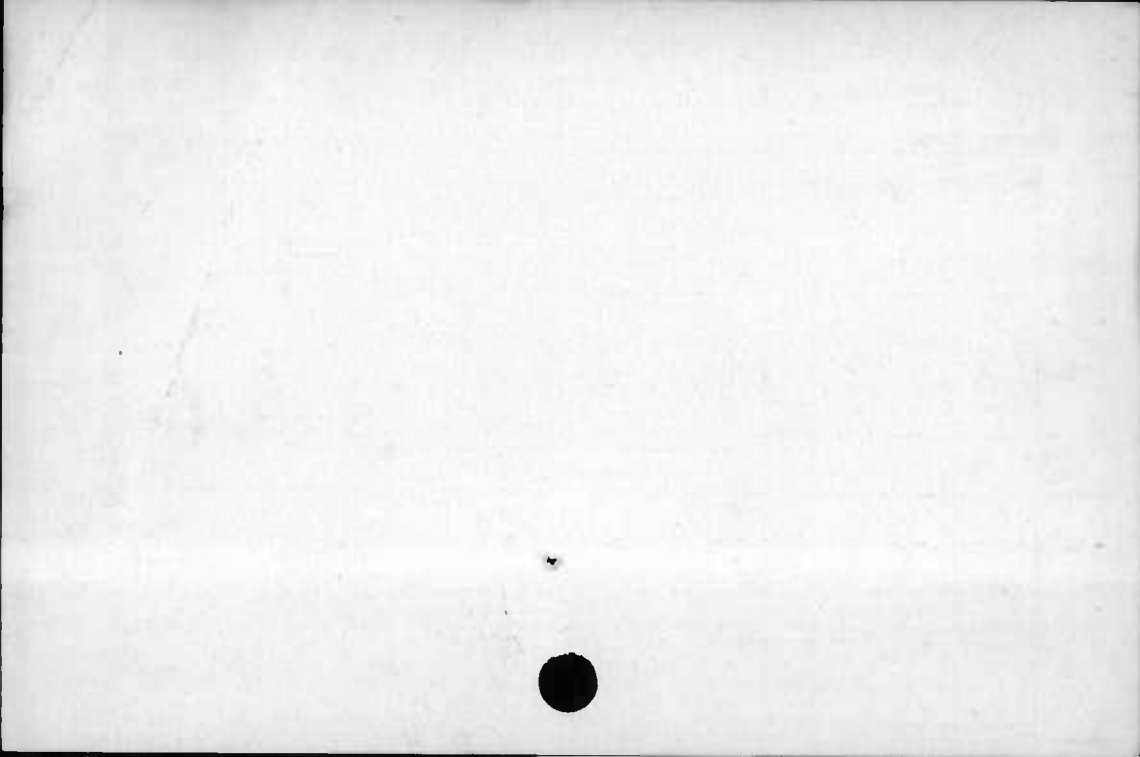
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Joseph Taylor

CERTIFICATE OF DEATH

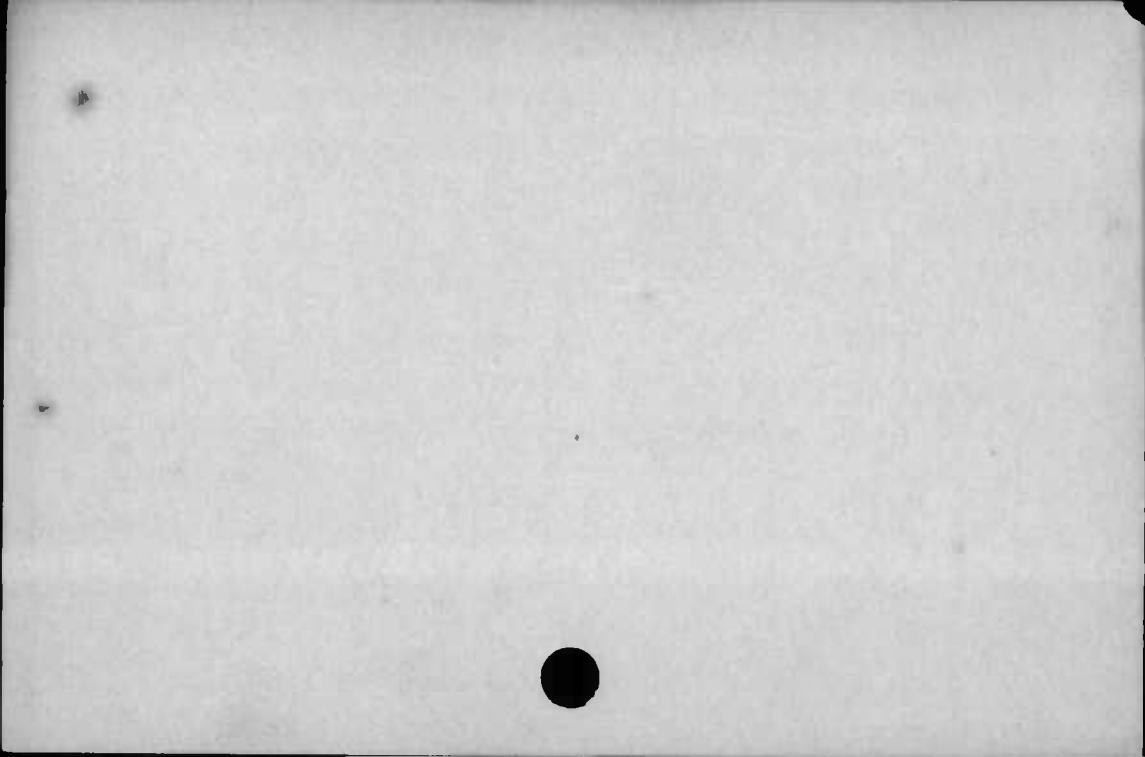
TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Chamneyville</i>		County <i>Calverton</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Mich</i>	Day <i>17</i>	Age <i>30</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Calverton Co</i>	
Occupation <i>Farm Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Maggie Taylor</i>			
Father's Name <i>Jamess Taylor</i>		Father's Birthplace <i>Calverton Co</i>			
Mother's Maiden Name <i>Charlotte Parker</i>		Mother's Birthplace <i>Calverton Co</i>			
Name of person giving information <i>L.L. Chaney</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>18 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E.H. Humeau</i>
	Address <i>Lower Marlboro Md</i>
Accident or Suicide? <i>md</i>	



Name
in
Full

Major Lorney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lusby</i> Town		County <i>Calvert</i>		MARYLAND	
Date of death <i>1906</i> Month <i>Mar</i>		Day <i>5</i>		Age about <i>77</i> Years Months Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Calvert Co</i>	
Occupation <i>Farmer</i>		Where Residing If not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Hannah Purvey</i>			
Father's Name <i>Alx Lorney</i>		Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Moses Lorney</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Crip & Bronchitis</i>	How long	<i>4 weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo F Chambers</i> M.D.	
		Address <i>Lusby Md</i> <i>Calvert Co -</i>	
Accident or Suicide? <input type="checkbox"/>			



Name in Full		Still born Infant		Tucker		CERTIFICATE OF DEATH		
Town		County		MARYLAND				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Date		Age		Months Days	
	of death 190		Month 3		Day 21		Years	
	Sex Female		Color or Race White		Birth-place Chesapeake Beach			
	Married, Single or Widowed				Occupation			
	Name of Wife or Husband							
	Father's Name Wm R Tucker				Father's Birthplace Va			
	Mother's Maiden Name Olivia Catterton				Mother's Birthplace Md			
Name of person giving information				How related to deceased				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary Difficult Labor				How long			
	Immediate Compression of Cord				How long			
	Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician J L Braysshaw			
					Address Friendship Md			
	Accident or Suicide?							

